

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Scheduling Your Physical Therapy and Rehabilitation Appointments

Dear [Patient Name],

We are pleased to welcome you to [Clinic Name]. Our team is ready to assist you with your rehabilitation and recovery goals.

Following your referral from [Referring Physician], we would like to schedule your initial evaluation and subsequent therapy sessions. Please contact our scheduling coordinator at your earliest convenience to confirm a time that works for you.

Contact Information:

- Phone: [Phone Number]
- Email: [Email Address]
- Office Hours: [Operating Hours]

Appointment Details:

- **Location:** [Full Clinic Address]
- **Arrival:** Please arrive 15 minutes early to complete any necessary paperwork.
- **What to Wear:** Please wear comfortable, loose-fitting clothing and athletic shoes.
- **What to Bring:** Your ID, insurance card, and any recent imaging reports (X-rays/MRI).

If you need to cancel or reschedule, please provide at least 24 hours' notice to avoid any cancellation fees.

We look forward to working with you on your recovery.

Sincerely,

[Your Name/Department]

[Clinic Name]

[Website]